



THE CITY OF LYNCHBURG, VIRGINIA

APPLICATION FOR REAL ESTATE TAX RELIEF

Mitchell W. Nuckles
Commissioner of the Revenue
Glenda W. Dix
Deputy III

P.O. Box 858
Lynchburg, VA 24505-0858
Phone (434) 455-3884
Fax (434) 847-1842

Name and mailing address as it appears on tax bill

For Office Use Only

Name _____

Tax Year _____
Property Number _____

Mailing Address _____

Property Value _____

City _____ State _____ Zip Code _____

Gross Income \$ _____

Email Address _____

Net Worth \$ _____

Property Owner _____
Last Name First Middle

Birth Date _____ Social Security No. _____ Phone _____
Mo. Day Yr.

Spouse _____
Last Name First Middle

Birth Date _____ Social Security No. _____ Phone _____
Mo. Day Yr.

Property Address if it is different from the mailing address above:

Street No. Street

City State Zip Code

Read Requirements for Relief on Page 4

The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue, P. O. Box 858, Lynchburg, Virginia 24505-0858. Applications must be filed by August 1, of the taxable year. Requested information that is not applicable should be completed as "Not Applicable" or "\$0.00" as indicated by the question. **This relief is granted on an annual basis and a new application must be filed each year.** All information on the application is confidential and not open to public inspection. For additional information, please phone 455-3884.

1. The person requesting relief must on July 1 of the taxable year, hold title or maintain life estate to the property for which relief is requested.

2. Is the applicant? Owner ☐ Partial Owner ☐ _____%

If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

3. Is this residence occupied by the applicant? Yes ☐ No ☐

4. List the name, relation, age and social security number of all persons related to the applicant who occupy the residence.

Name	Relation	Age	Social Security Number
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Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse, and all persons related to the applicant living in the residence.

GROSS INCOME	Applicant	Spouse	Relative(s) living in residence
Gross Earnings	\$	\$	\$
Pensions			
Social Security			
Interest			
Dividends			
Rent (Net)			
Welfare			
Gifts			
Capital Gains			
Other Sources			
Deduct, the first \$4,000 of income of each Relative Living in Residence			(-)
Total	\$	\$	\$

Total Combined Gross Income of the Applicant, Spouse and Relatives \$_____

Please complete the statement of net financial worth based on financial information from the preceeding calendar year. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.

NET VALUE OF ASSETS	Applicant	Spouse
Real Estate (other than home)		
Money in Certificates, Savings and others		
Checking Account(s)		
Stocks		
Bonds		
Insurance (Cash Value)		
Other Assets		
Total		

Total Combined Net Financial
Worth of the Applicant and Spouse \$_____

CERTIFICATE

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Date

Applicant's Signature

Date

Approved

CITY OF LYNCHBURG, VIRGINIA

Real Estate Tax Relief

Requirements For Relief

1. The title of the property for which relief is requested is held, or partially held, on July 1 of the taxable year, by the person or persons requesting relief.
2. The applicant requesting relief must on July 1 of the taxable year, hold title, partially hold, or maintain life estate to the property for which relief is requested.
3. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five years or older or permanently and totally disabled on July 1 of the taxable year. Such dwelling must be occupied as the sole dwelling of the person requesting relief. If such person is permanently and totally disabled attach certification from the Social Security Administration. If such person is not eligible for Social Security, a sworn affidavit by two medical doctors to the effect that such person is permanently and totally disabled.
4. The gross combined income of the applicant for the preceeding calendar year shall not exceed \$30,000. Gross combined income shall include income from all sources of the applicant, spouse, and relatives living in the dwelling for which relief is requested. The first \$4,000 of income of each relative other than the spouse is exempt.
5. The net combined financial worth of the applicant for the preceeding calendar year shall not exceed \$60,000. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.
6. The person or persons to whom relief has been granted shall, on or before November 15, January 15, March 15, and May 15 of the tax year for which such relief was granted, present that portion of the tax which is due to the City Collector on or before the date prescribed for such tax payment. Payments not paid by such prescribed dates shall make the relief null and void.
7. Applicants must file annually by August 1, an application for real estate tax relief, with the Commissioner of the Revenue. Applications will be mailed to those who qualified the previous year, and others may obtain an application from the Commissioner of the Revenue's office.

Commissioner of the Revenue
P. O. Box 858
Lynchburg, Virginia 24505-0858
Telephone (434) 455-3884
www.lyncburgva.gov

NOTE: Any person or persons falsely requesting relief shall be guilty of a misdemeanor and upon conviction thereof shall be punished as provided in Section 36-175 of the City Tax Code.